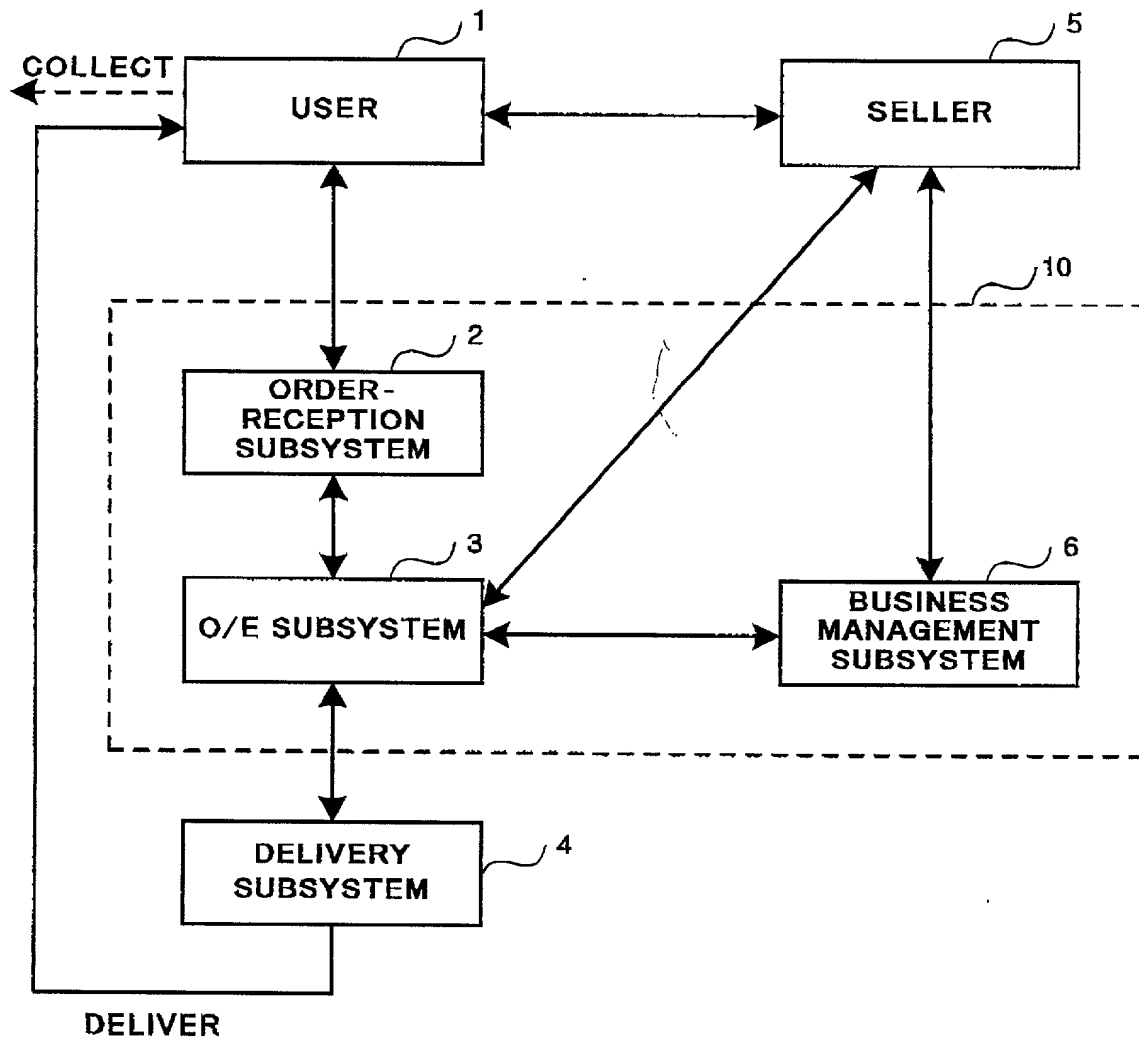


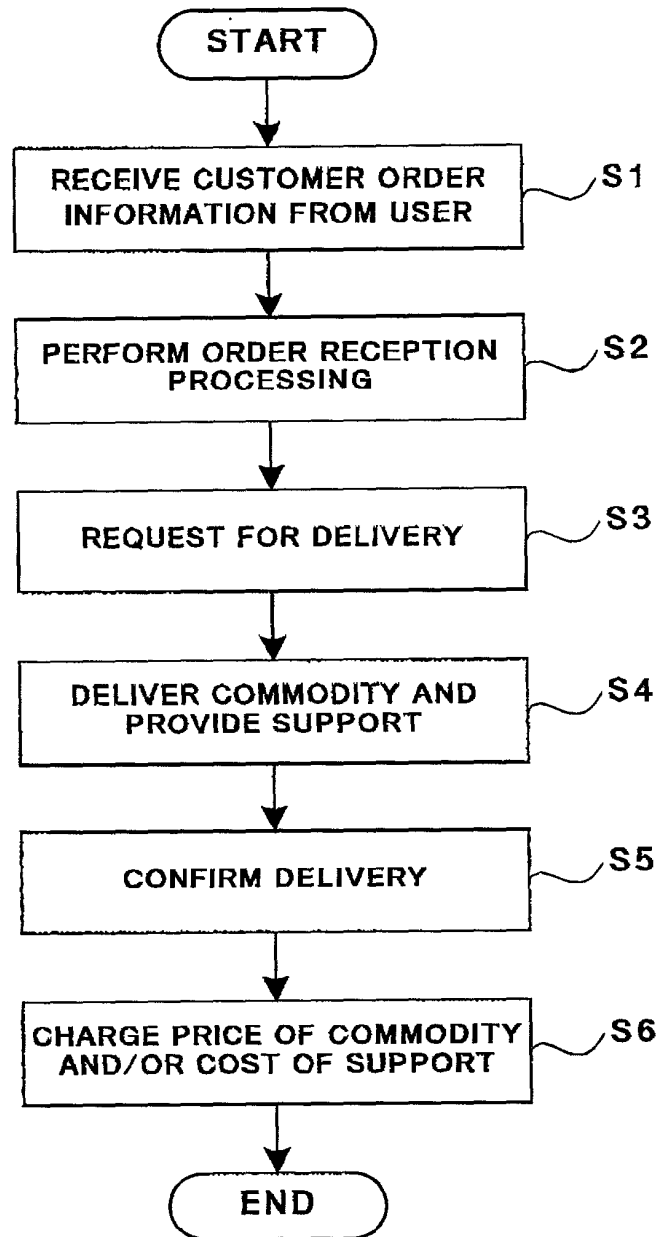
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FIG. 1



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FIG. 2



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FIG. 3

COLLECT TONER CARTRIDGE
COLLECT TONER CONTAINER
COLLECT USED PAPER
DELIVER COMMODITY TO SPECIFIED PLACE
DELIVERY ITEM TO REPLACE UNNECESSARY ITEM
UNPACKING COMMODITY AT A TIME OF DELIVER
COLLECT EMPTY BOXES
SPECIFY DELIVERY DATE
URGENT DELIVERY
PERIODIC DELIVERY OF CONSTANT NUMBER

FOR COMMODITIES

Inventor: Hideyuki MORI et al.

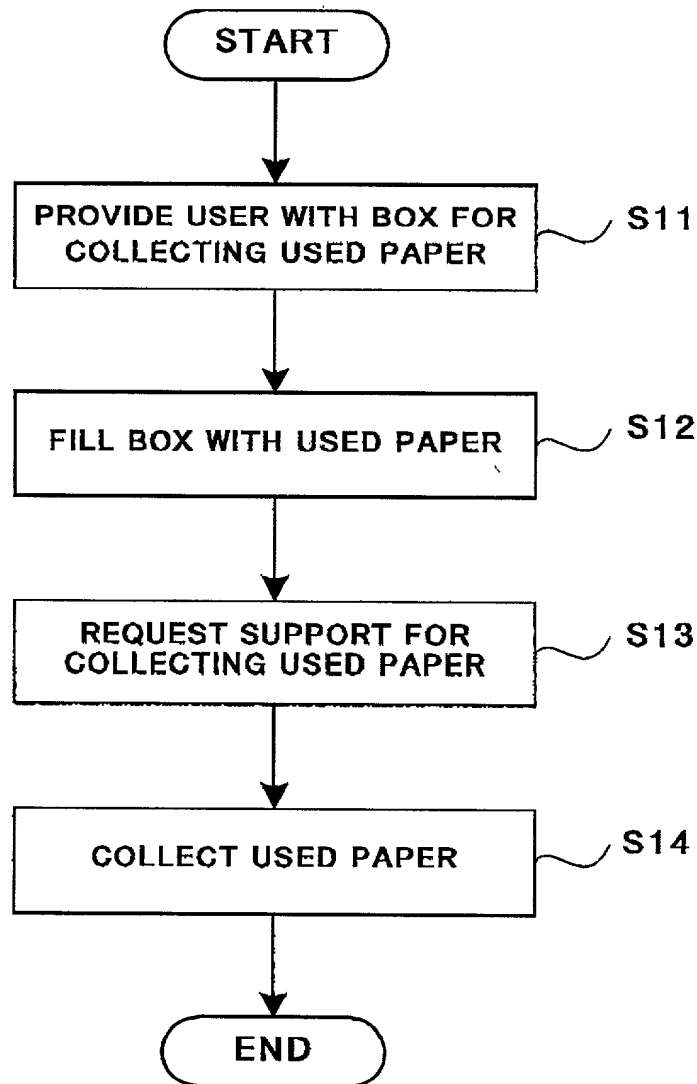
Application No.: to be assigned

Docket No.: 11669200100

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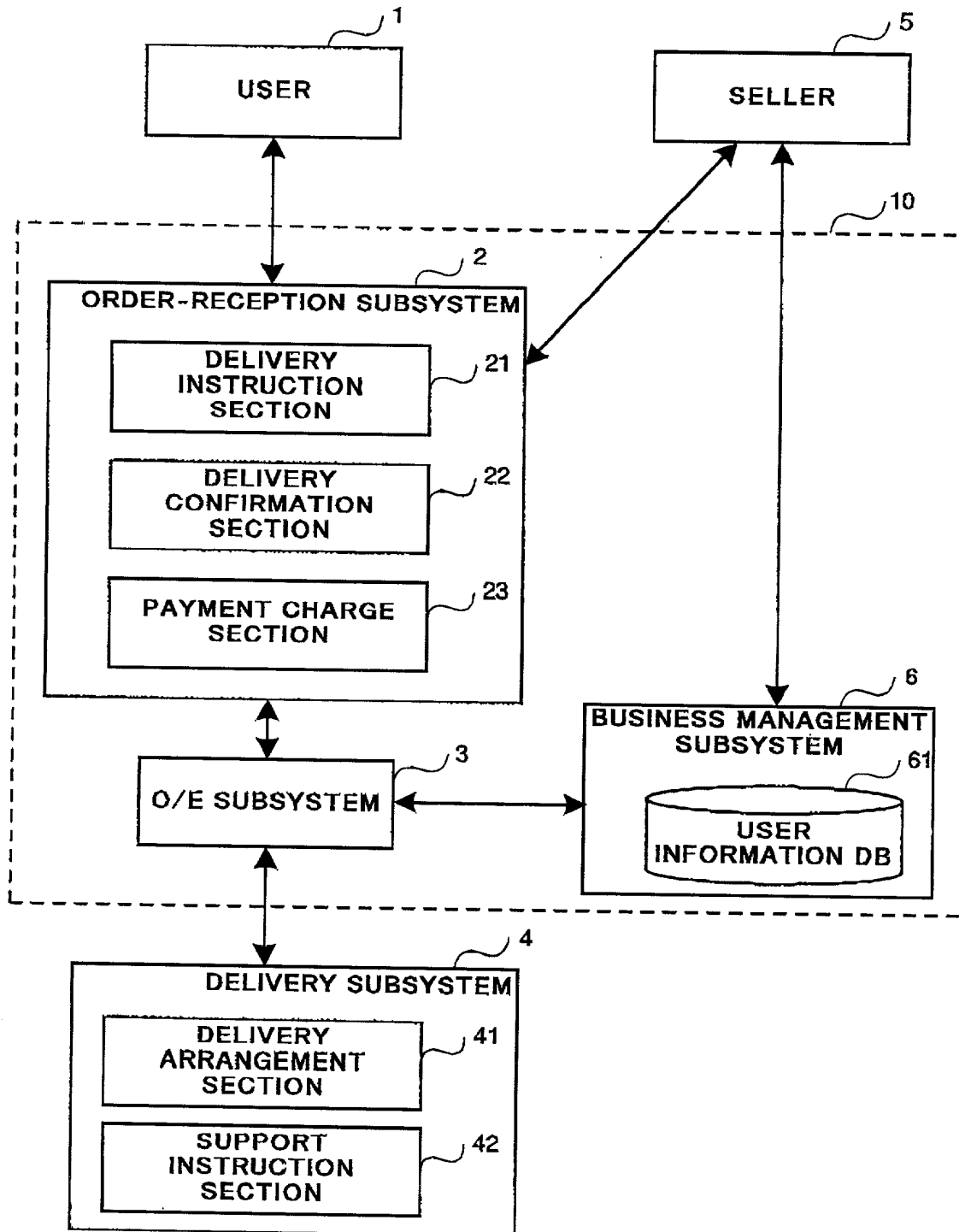
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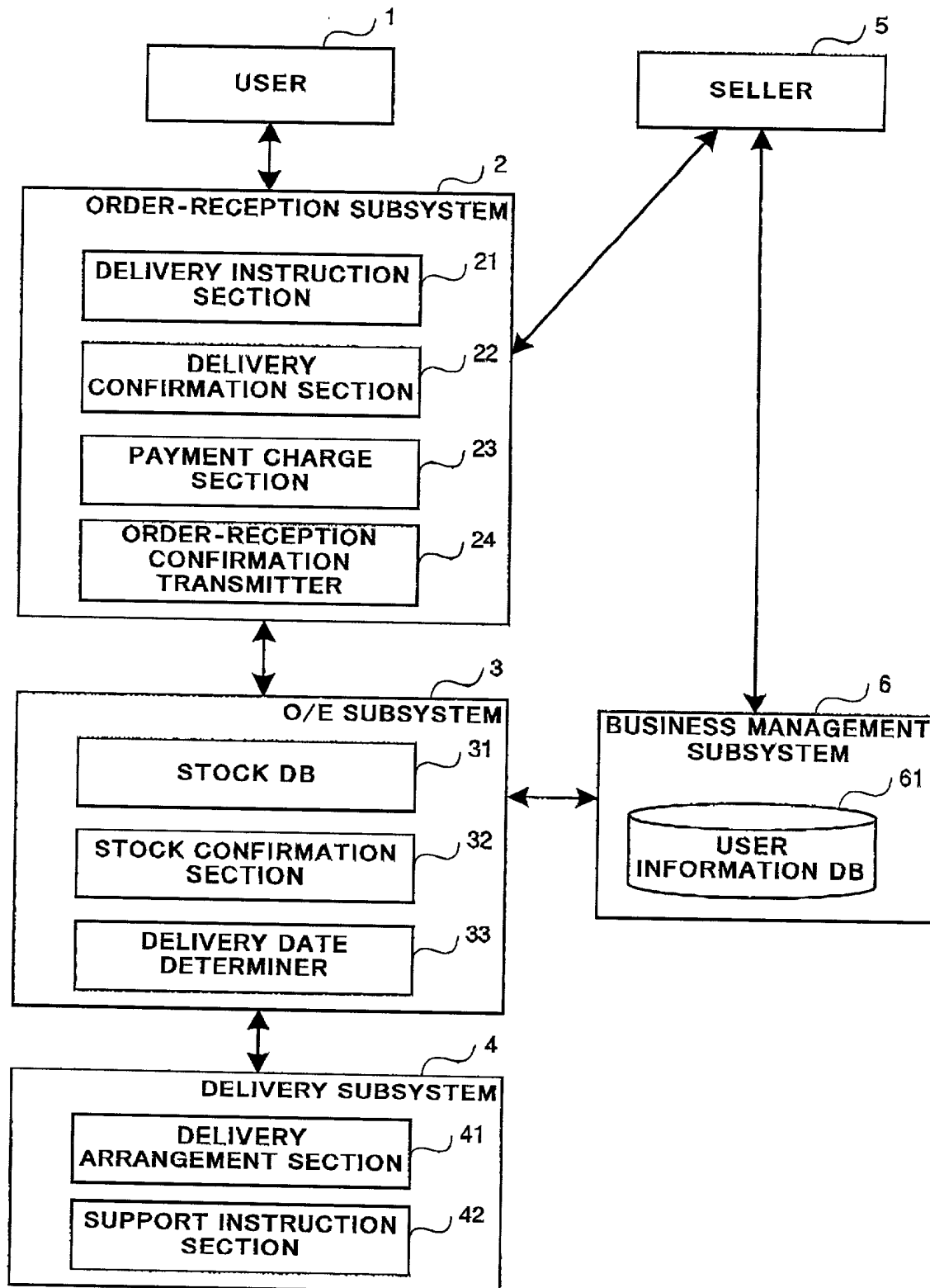
FIG. 4



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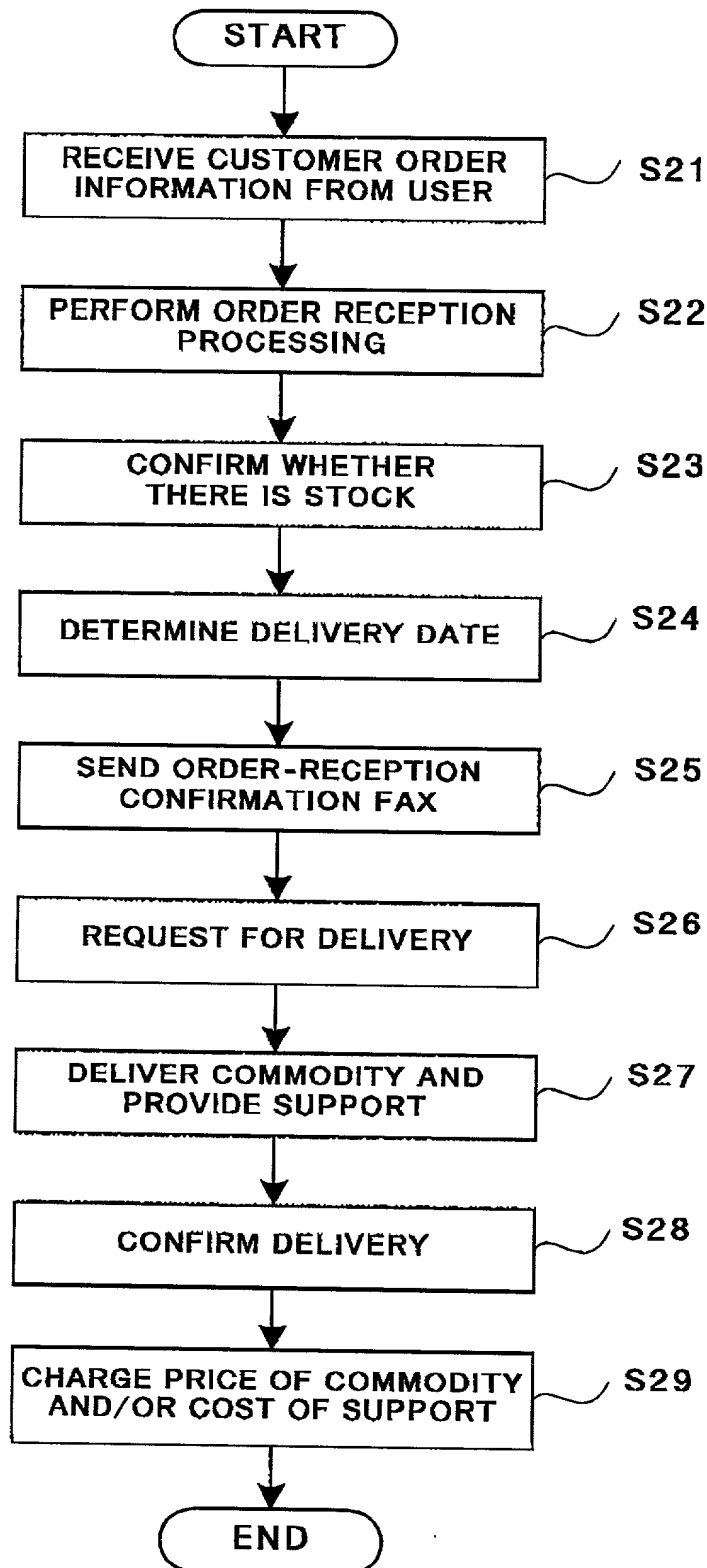
FIG. 5



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FIG. 6

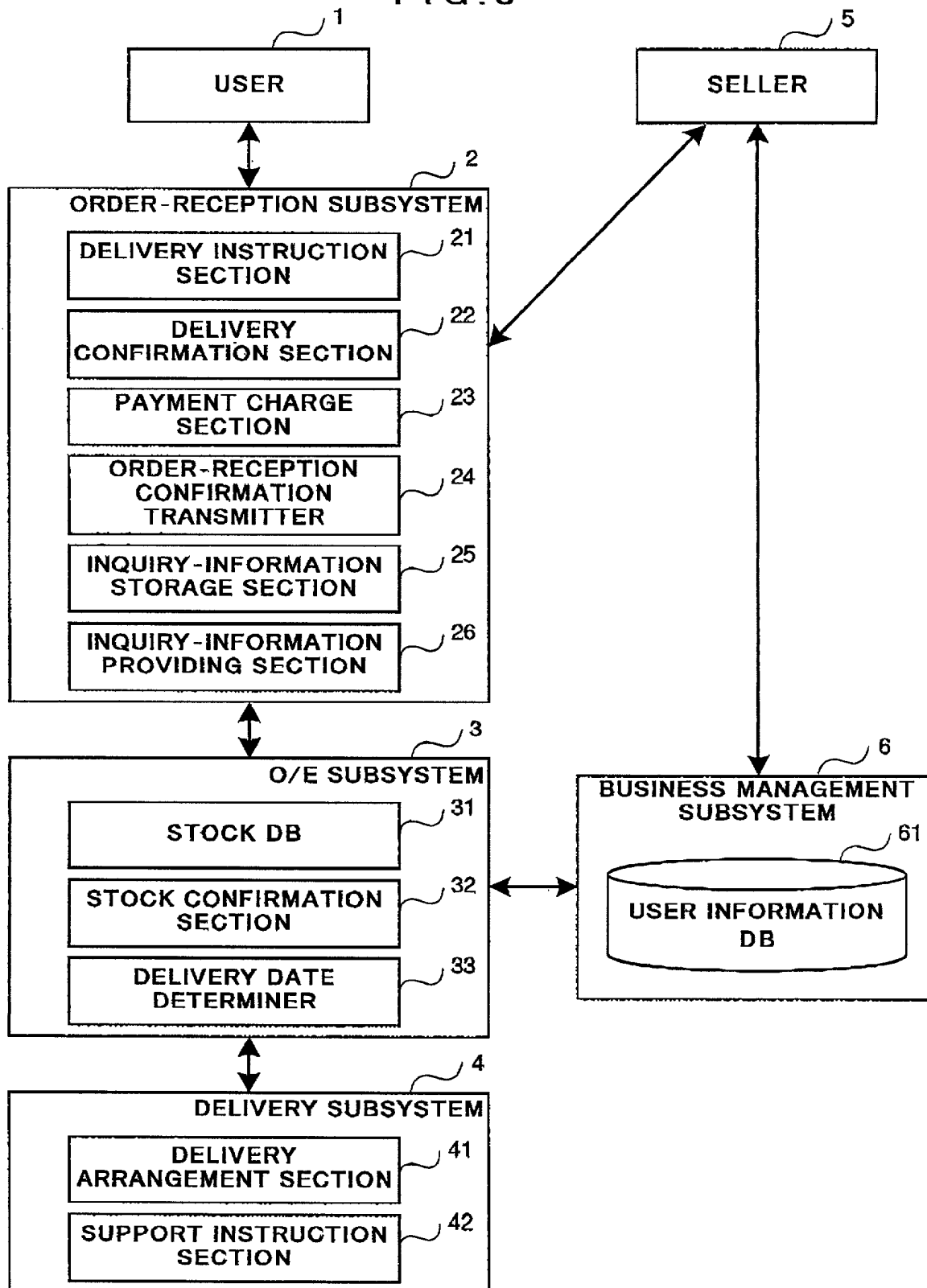
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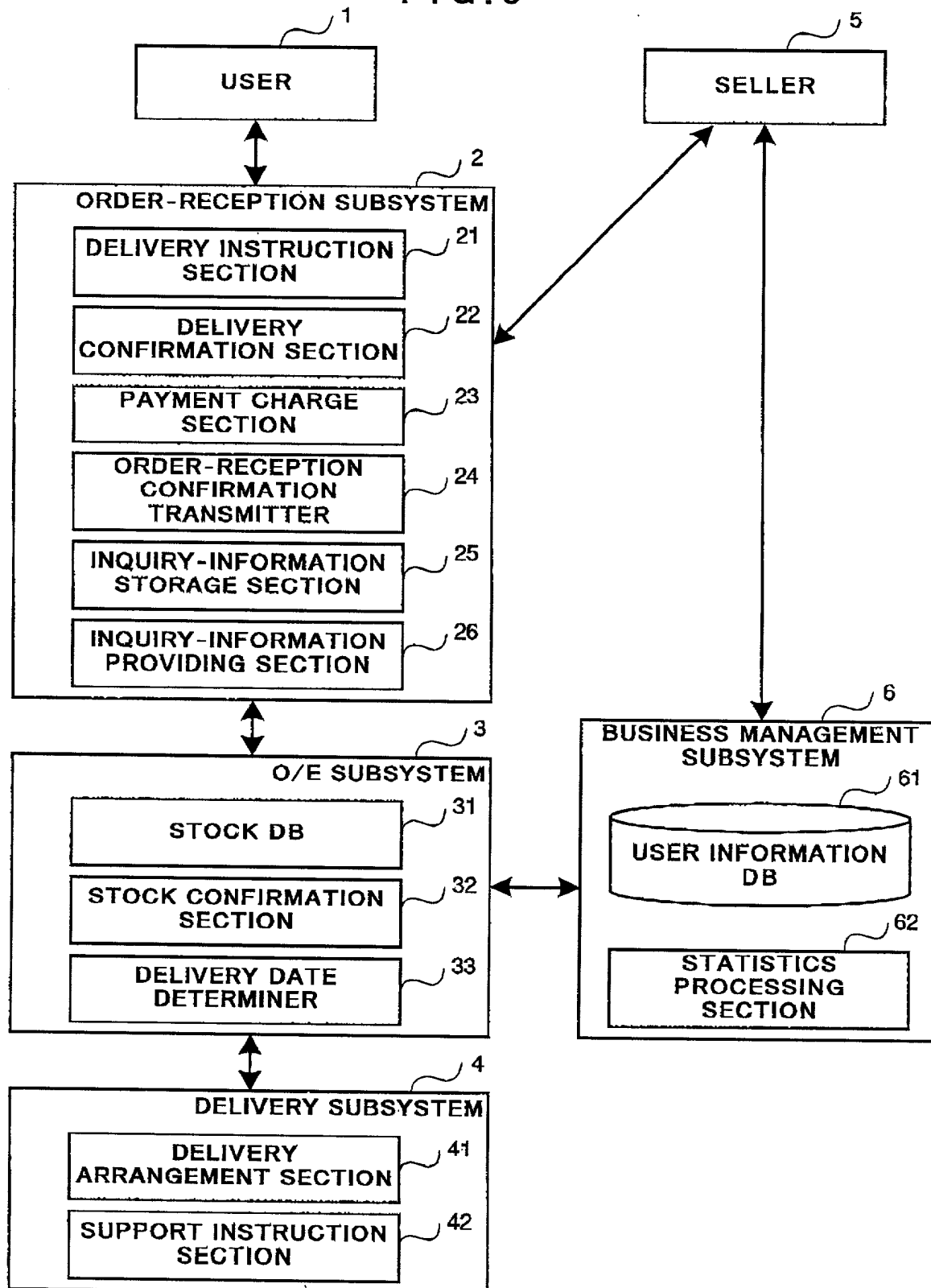
FIG. 7



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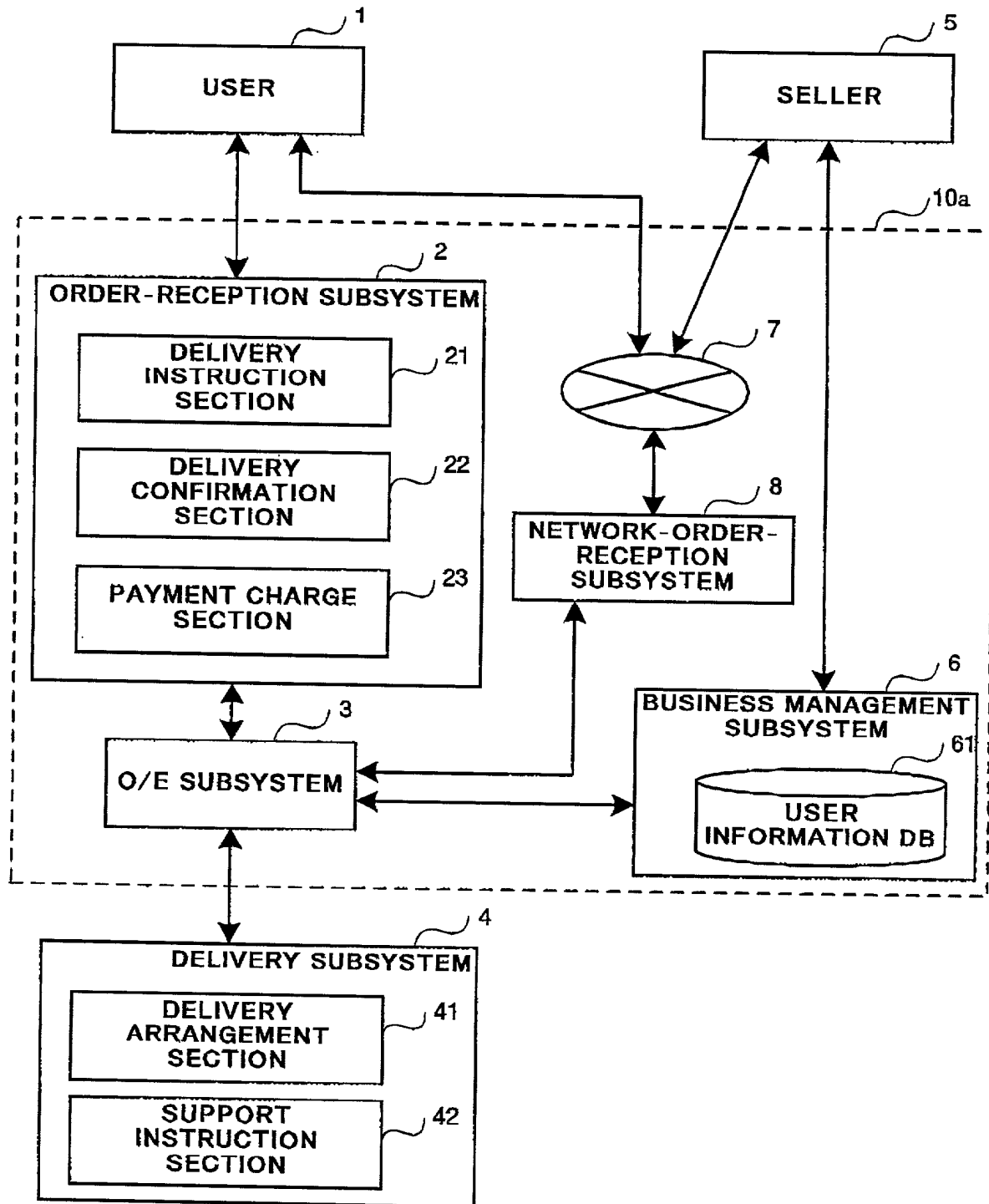
FIG. 8

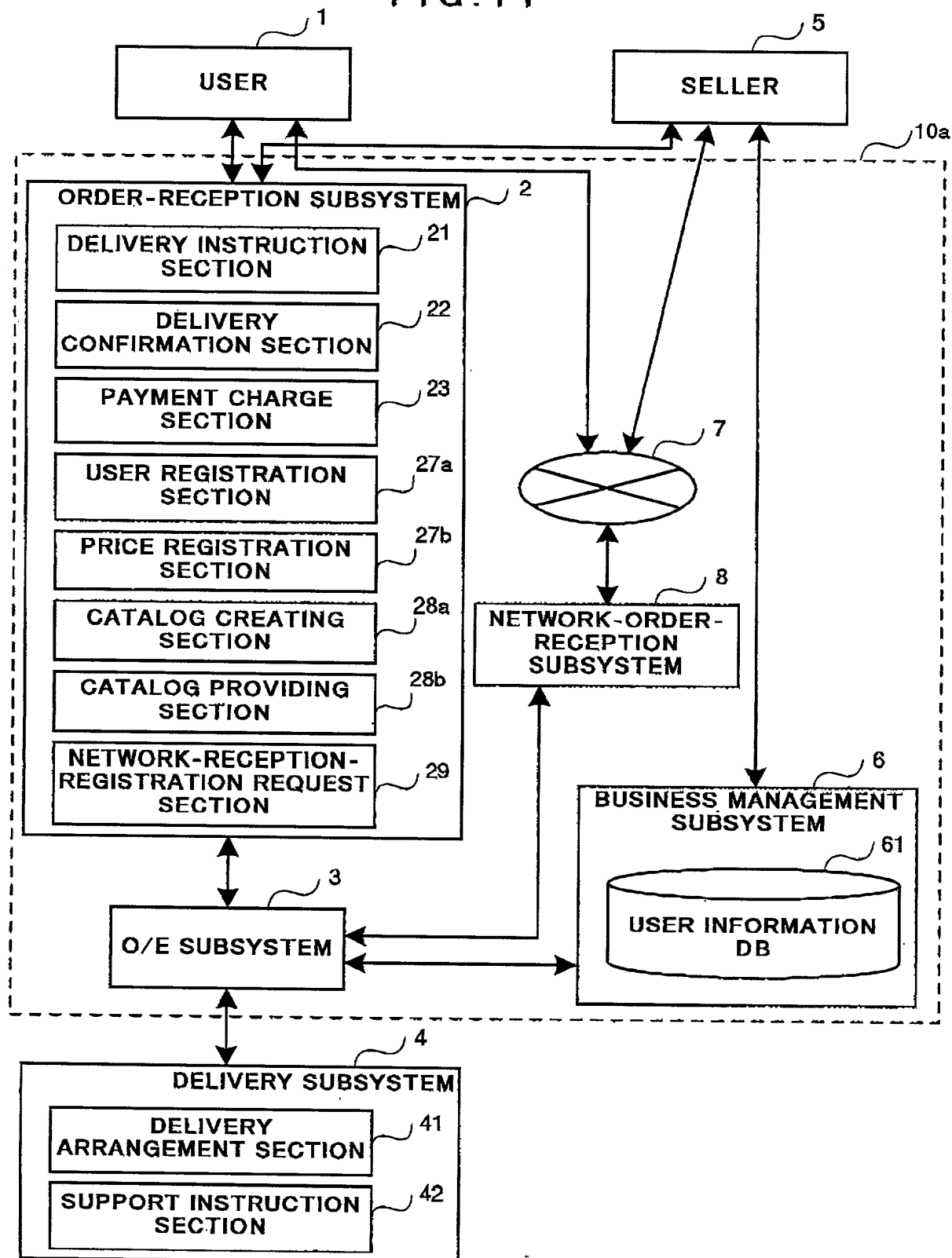


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FIG. 9

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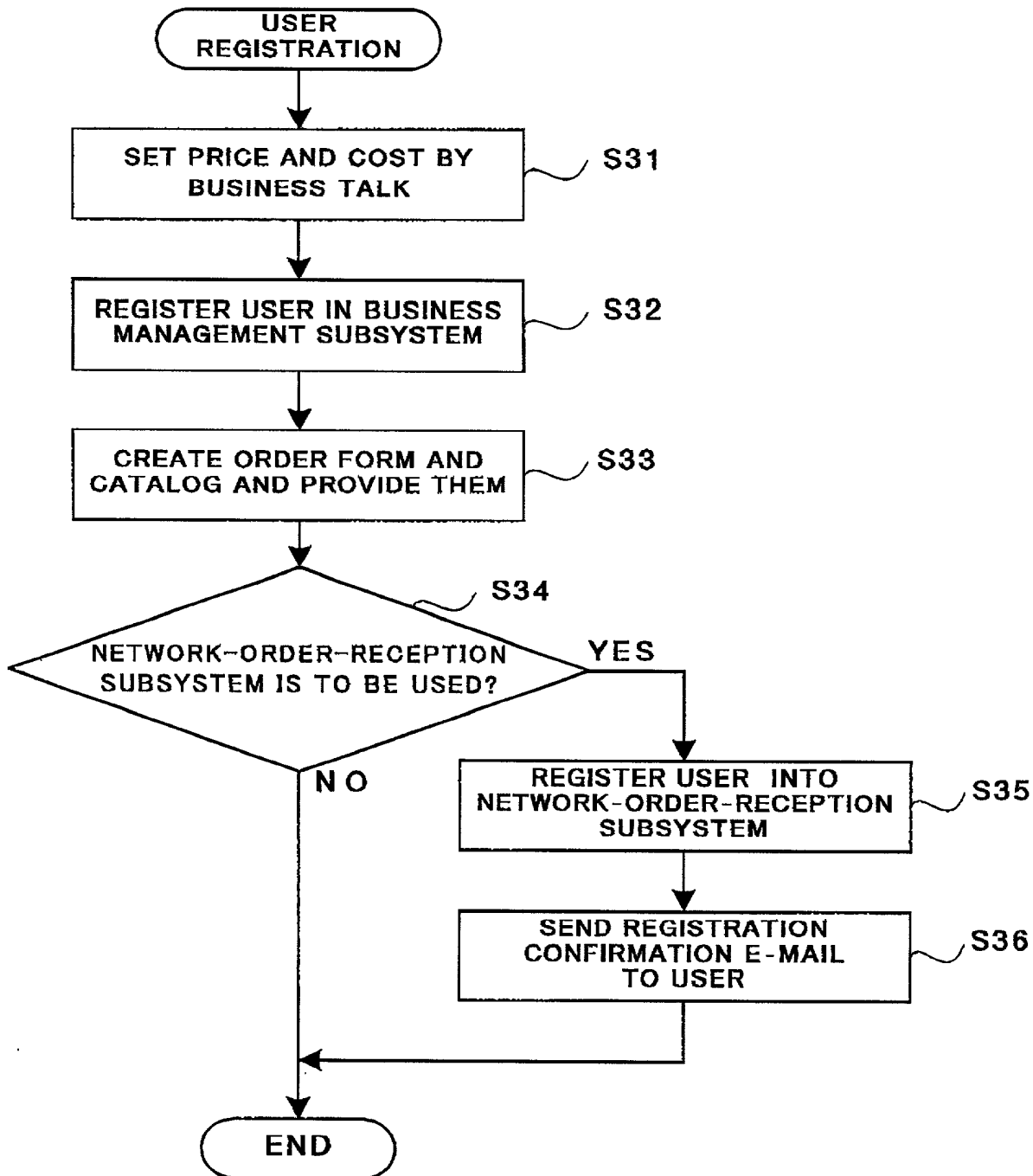
FIG. 10



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FIG. 11

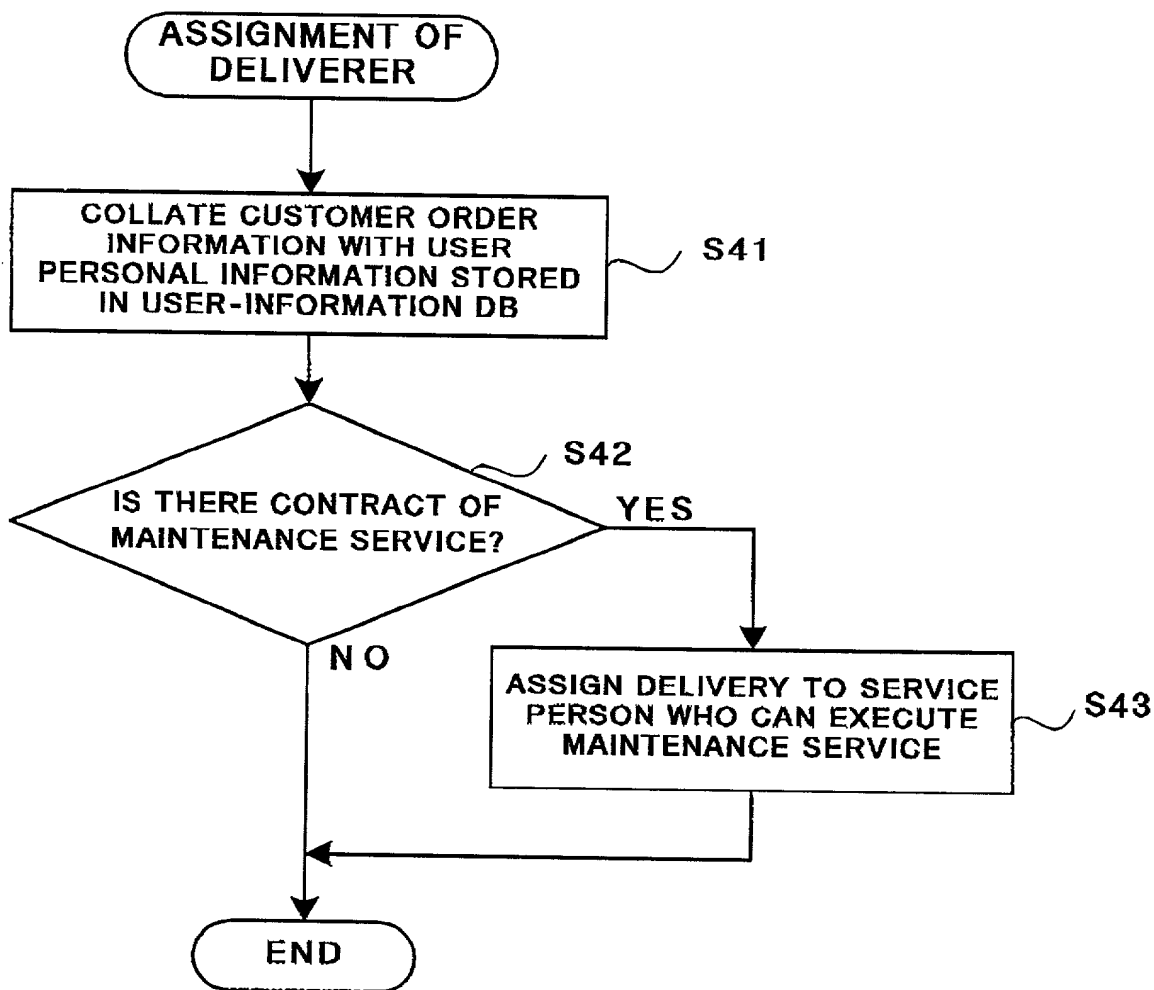
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FIG.12



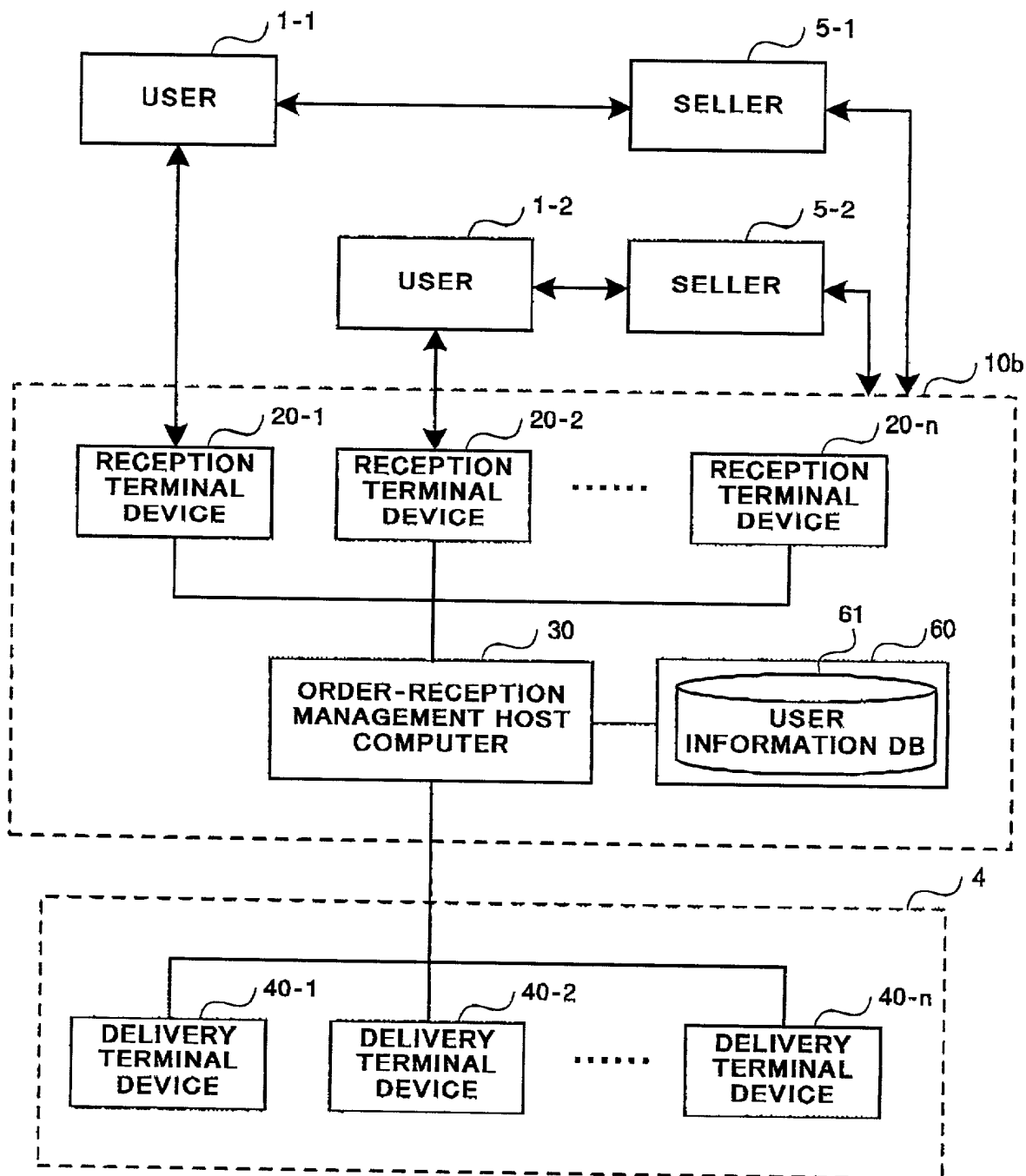
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FIG.13



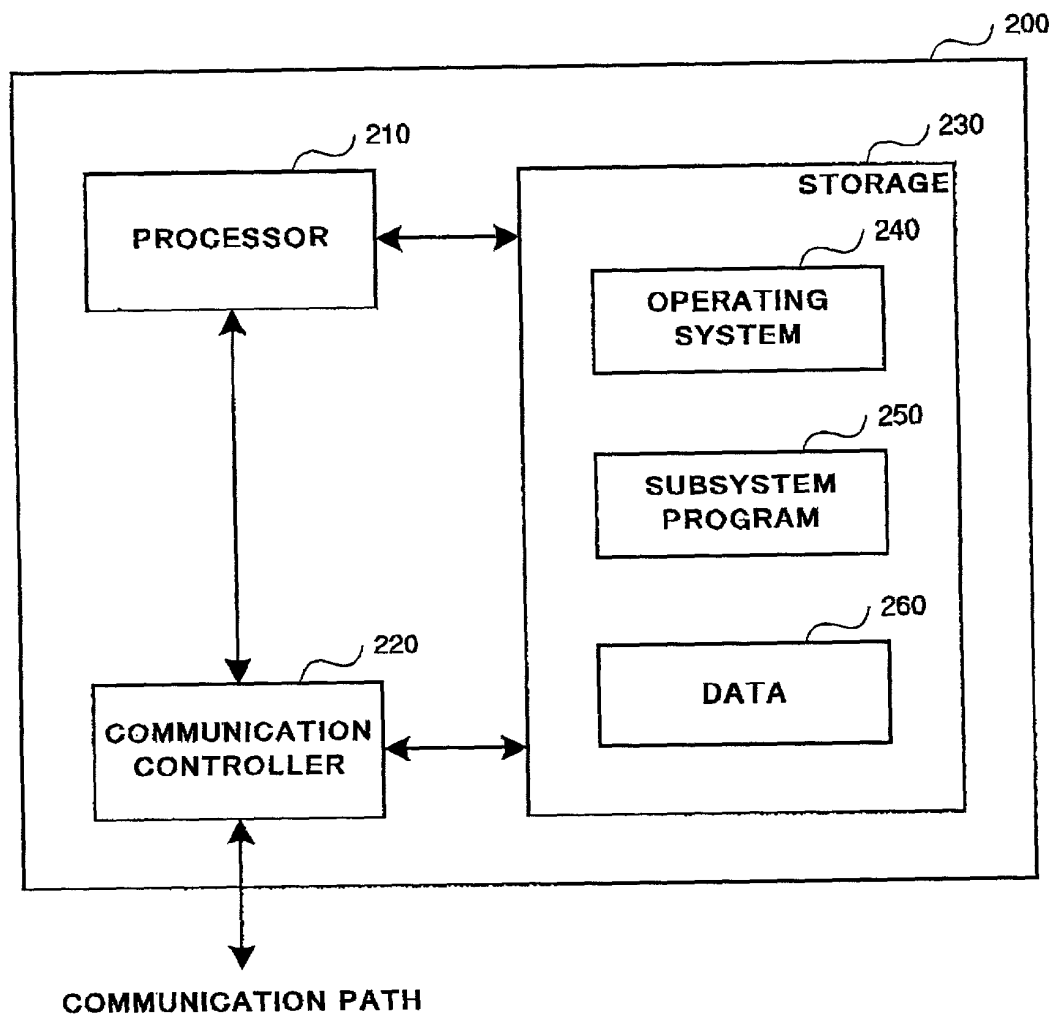
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FIG. 14



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FIG. 15



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FIG. 16 A

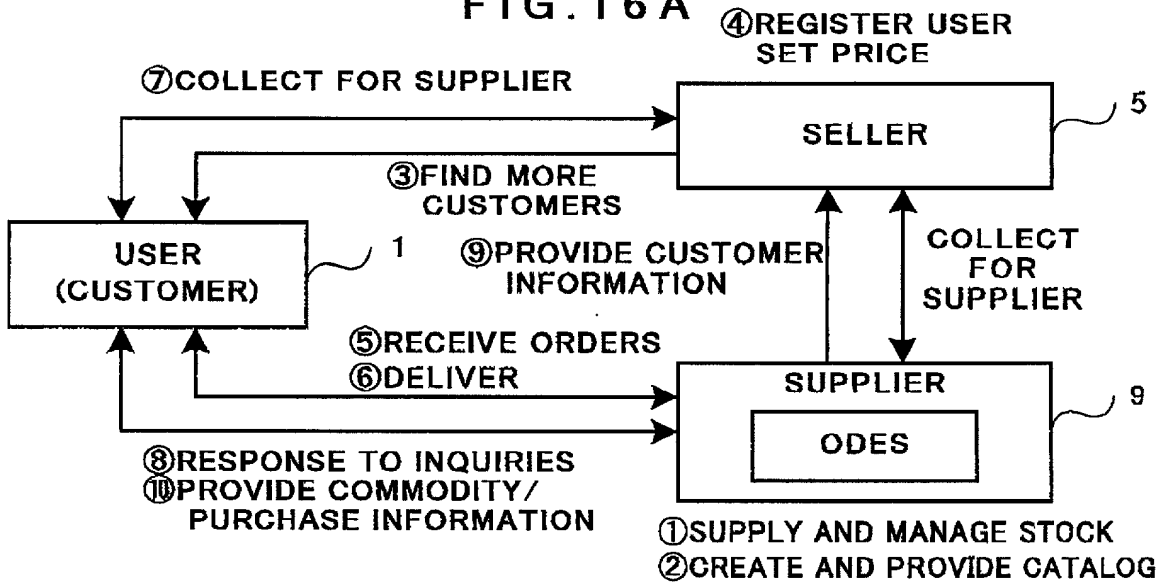
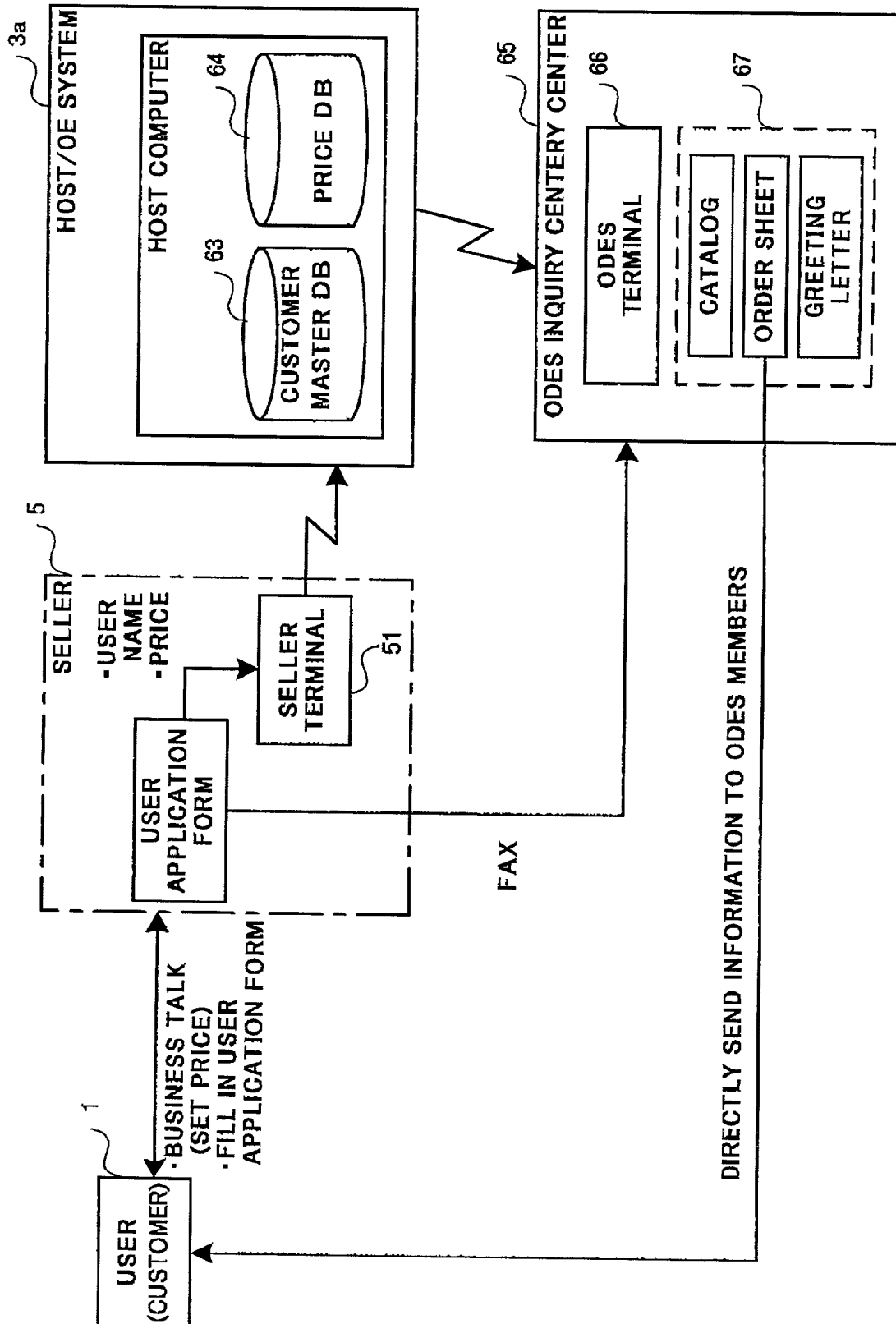


FIG. 16 B

	SELLER	SUPPLIER (ODES)
① SUPPLY AND MANAGE STOCK	—	*
② CREATE AND PROVIDE CATALOG	—	*
③ SALES (FIND MORE CUSTOMERS)	*	—
④ REGISTER USER, SET PRICE	*	—
⑤ RECEIVE AND CONFIRM ORDERS	—	*
⑥ DELIVER AND CONFIRM DELIVERY	—	*
⑦ COLLECT FOR SUPPLIER	*	—
⑧ RESPONSE TO INQUIRIES	—	*
⑨ PROVIDE CUSTOMER INFORMATION	—	*
⑩ PROVIDE COMMODITY/ PURCHASE INFORMATION	—	*

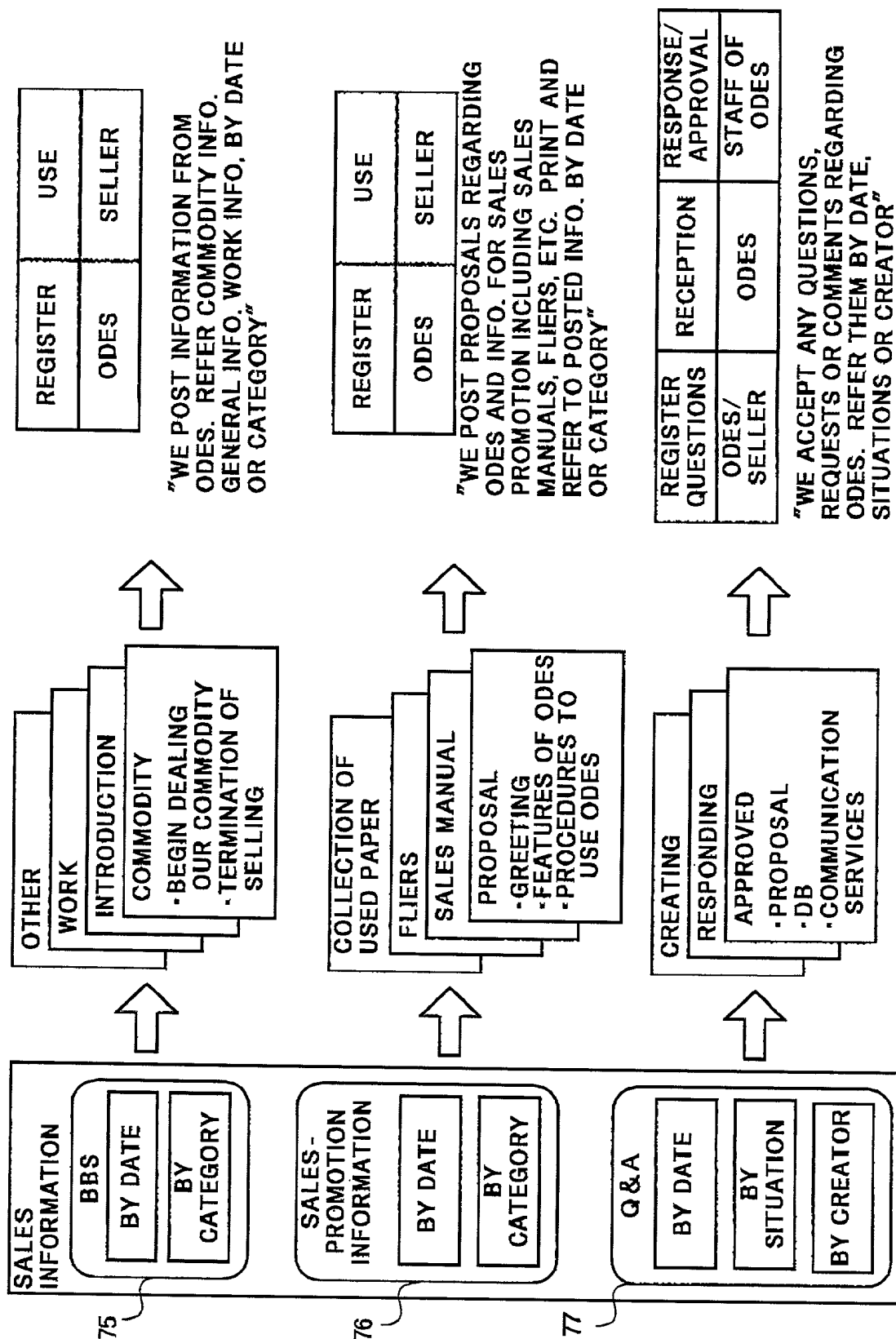
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FIG. 17



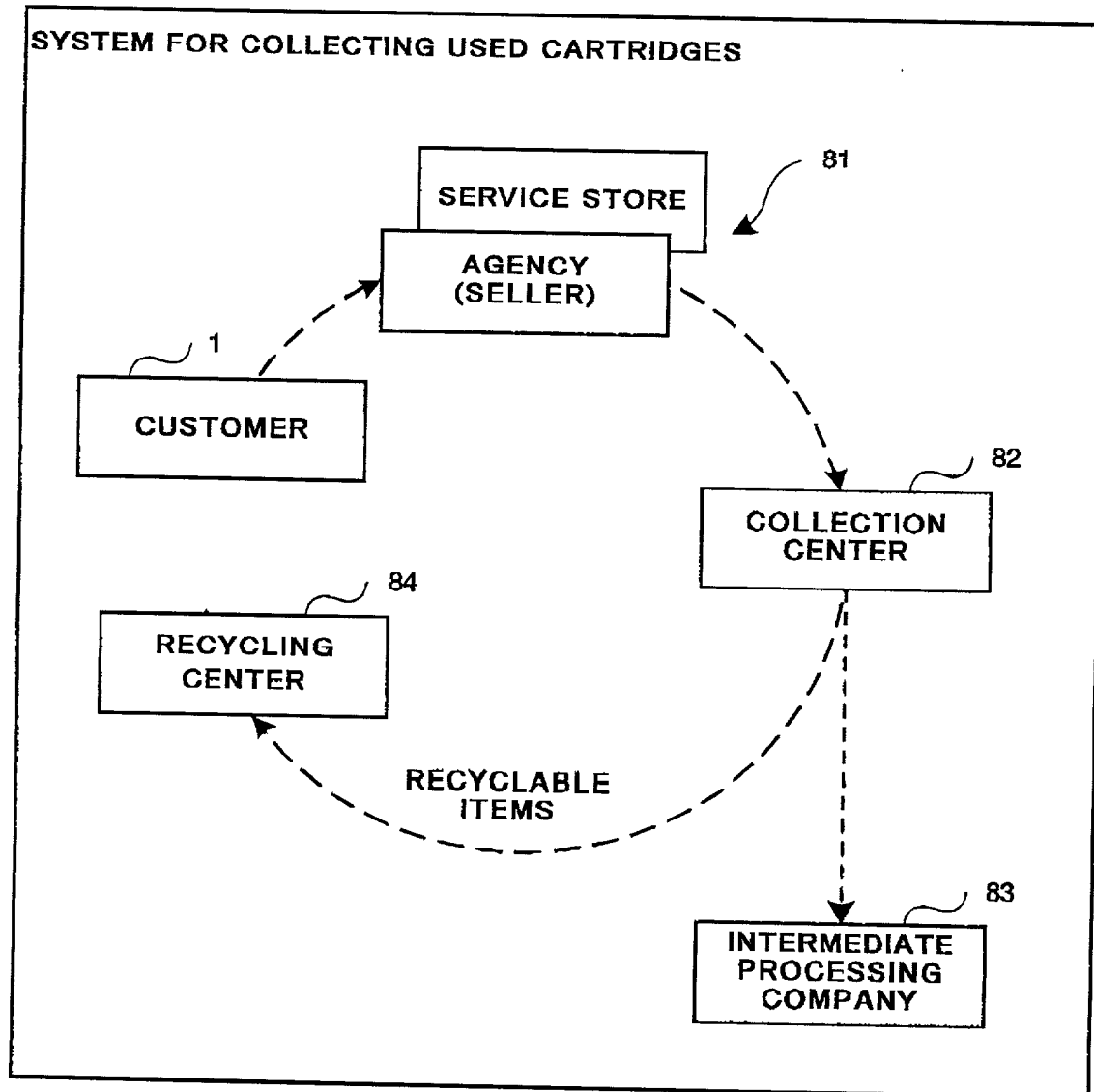
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FIG. 19



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FIG. 20



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FIG. 21

※FILL IN BLANKS			<h2 style="margin: 0;">ODES USER APPLICATION FORM</h2>																																		
※DATE OF APPLICATION			WE CONSENT TO ODES MEMBER AGREEMENT, APPLY FOR USING ODES SYSTEM, AND SIGN HERE																																		
※CUSTOMER PHONE NO.		※CUSTOMER FAX NO.		※E-MAIL ADDRESS OF ORDERING STAFF																																	
※																																					
CUSTOMER COMPANY NAME				SECTION NAME																																	
NAME OF PERSON IN CHARGE			NAME OF PERSON MAKING ORDER																																		
SIGNATURE			SIGNATURE																																		
PLACE TO DELIVER																																					
<p>(SHOULD BE FILLED IN BY SALES PERSON AFTER TALK WITH CUSTOMER)</p> <p>FREQUENTLY-PURCHAED COMMODITY</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 15%;">CODE NUMBER</th> <th rowspan="2" style="width: 25%;">COMMODITY NAME</th> <th style="width: 10%;">PRICE</th> <th rowspan="2" style="width: 15%;">CODE NUMBER</th> <th rowspan="2" style="width: 25%;">COMMODITY NAME</th> <th style="width: 10%;">PRICE</th> </tr> <tr> <th>RATE(%)</th> <th>RATE(%)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						CODE NUMBER	COMMODITY NAME	PRICE	CODE NUMBER	COMMODITY NAME	PRICE	RATE(%)	RATE(%)																								
CODE NUMBER	COMMODITY NAME	PRICE	CODE NUMBER	COMMODITY NAME	PRICE																																
		RATE(%)			RATE(%)																																
DESIRED DELIVERY PATTERN		ONE DAY	HALF DAY	REQUEST FOR RETURN SERVICE																																	
				YES	NO																																
TERMS OF PAYMENT		EVERY MONTH PERIOD DATE																																			
PAYMENT METHOD		1.TRANSFER																																			
2.BANK ACCOUNT		3.CASH																																			
4. OTHER()																																					
MANAGEMENT ITEM																																					
CUSTOMER CODE																																					
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div>																																					
SPECIAL NOTE (DELIVERY CONDITION, ETC)			SELLER NAME																																		
			STAFF IN CHARGE																																		
			PHONE NUMBER																																		
<div style="display: flex; justify-content: space-between;"> <div> <p>CREATED BY</p> <p>APPROVED BY</p> <p>INPUT BY</p> </div> <div> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>																																					


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FIG.22

※)FILL IN BLANKS		ODES USER APPLICATION FORM		FOR SELLER	
※DATE OF APPLICATION		WE CONSENT TO ODES MEMBER AGREEMENT, APPLY FOR USING ODES SYSTEM, AND SIGN HERE			
※CUSTOMER PHONE NO.		※CUSTOMER FAX NO.		※E-MAIL ADDRESS OF ORDERING STAFF	
※					
CUSTOMER COMPANY NAME			SECTION NAME		
NAME OF PERSON IN CHARGE			NAME OF PERSON MAKING ORDER		
SIGNATURE			SIGNATURE		
PLACE TO DELIVER					
(SHOULD BE FILLED IN BY SALES PERSON AFTER TALK WITH CUSTOMER) FREQUENTLY-PURCHASSED COMMODITY					
CODE NUMBER	COMMODITY NAME	PRICE RATE(%)	CODE NUMBER	COMMODITY NAME	PRICE RATE(%)
DESIRED DELIVERY PATTERN		ONE DAY	HALF DAY	REQUEST FOR RETURN SERVICE	
				YES	NO
TERMS OF PAYMENT	EVERY MONTH	CUSTOMER PROFILE WRITTEN BY SALES PERSON WRITE SELLERS BEFORE ODES			
PERIOD DATE					
PAYMENT METHOD	1. TRANSFER				
2. BANK ACCOUNT	3. CASH				
4. OTHER()	OUR TONER() OTHER TONER()				
PAPER()					
1. OURS 2. ABC 3. XYZ 4. ELSE					
MANAGEMENT ITEM					
CUSTOMER CODE					
SPECIAL NOTE (DELIVERY CONDITION, ETC)					
SELLER NAME					
STAFF IN CHARGE					
PHONE NUMBER					
CUSTOMER SIZE (NUMBER OF WORKERS)					
L2(1000-) L1(300-999) M2(100-299)					
M1(30-99) S2(5-29) S1(1-4)					
CREATED BY					
APPROVED BY					
INPUT BY					

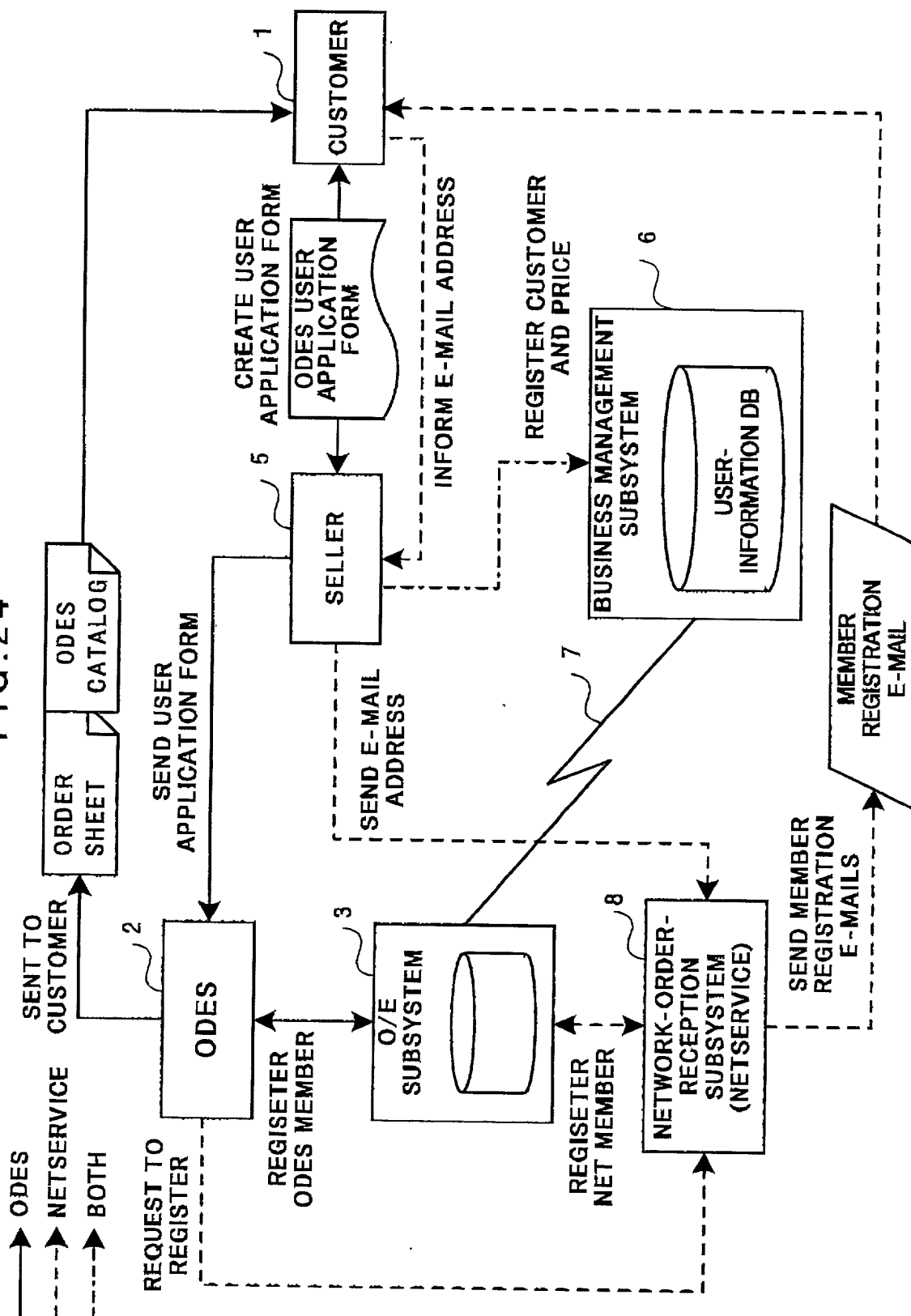
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FIG. 23

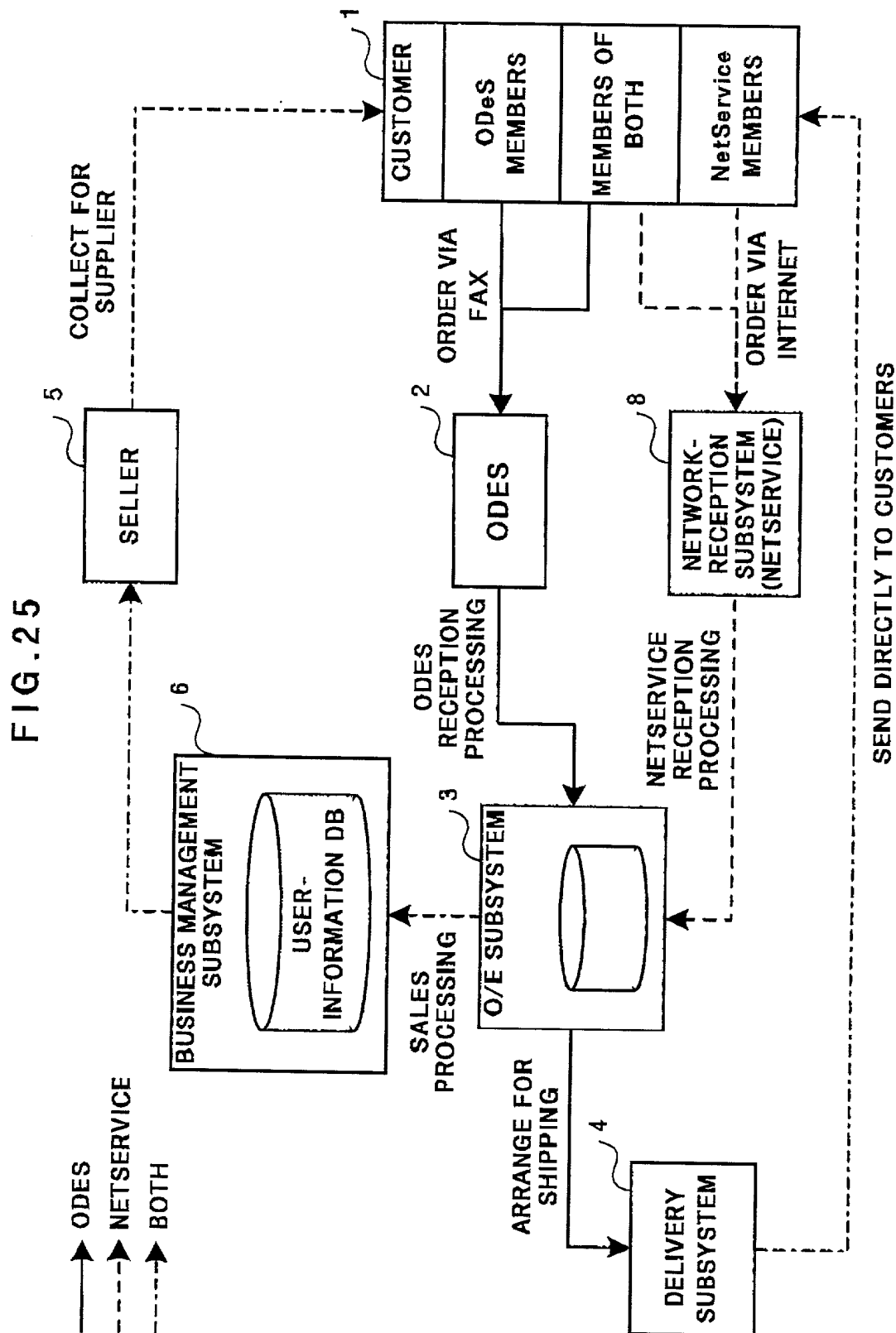
 FAX TO THIS DIRECTION		ODES ORDER SHEET		100	SHEET NO. (/)
DATE OF ORDER		SELLER	TTT INC.		408
CUSTOMER NAME					
CUSTOMER CODE					
CUSTOMER PHONE NO.					
PLACE TO DELIVER					
PHONE NO. OF THE PLACE					
PERSON MAKING ORDER					
ORDER NUMBER					
SAMPLE					
901300		MY PAPER A3		10	CASE
CODE NUMBER		COMMODITY NAME	QUANTITY	UNIT	
1	339191	RIFAX TONER MAGAZINE TYPE 3		PIECE	
2	339677	STAMP CARTRIDGE TYPE 1		CASE	
3	614603	RIFAX TONER MAGAZINE TYPE 2		PIECE	
4	639746	RIFAX TONER TYPE2000 120G		PIECE	
5					
6					
7					
8					
9	444501	COLLECT USED CARTRIDGES			
10	444502	COLLECT USED TONER CONTAINERS			
COMMENT					
PLEASE SPECIFY ODES SUPPORT MENU(PARTLY CHARGE TO CUSTOMER) <input type="checkbox"/> UNPACKING DELIVERY·COLLECT EMPTY BOX <input type="checkbox"/> COMMODITY REPLACEMENT (FIRST IN FIRST OUT)(2\$) <input type="checkbox"/> DELIVERY TO SPECIFIED RACK(FREE)					
DESIRED DELIVERY DATE					
·PLEASE CONFIRM THE CONTENTS BEFORE ORDER ·PLEASE INQUIRY TO ODES INQUIRY CENTER(1-800-XXX-ODES) OR DEALER. ·FAX NO. FOR ORDER 1-800-YYY-ODES					

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FIG. 24



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FIG. 26

SALES INFORMATION BY CUSTOMER
SALES INFORMATION BY DEPOT
INFORMATION REGARDING ORDERS BY CUSTOMER
SALES INFORMATION AND ACCOUNT OF TONER (ACQUIRING FROM OTHER COMPANIES)
PURCHASE HISTORY OF EACH CUSTOMER
ODES SALES AND GROSS MARGIN INFORMATION
SALES INFORMATION BY COMMODITY GROUP
INFORMATION REGARDING NUMBER OF ACCOUNTS FOR ORDERS AND REGARDING TOTAL NUMBER OF ORDERS MADE BY CUSTOMERS
INFORMATION REGARDING NEW SUPPLY COMMODITY (BOTH OWN COMPANY AND OTHER COMPANIES)
CUSTOMER CLAIMING INFORMATION
CUSTOMER INQUIRY INFORMATION
NEW MACHINE INFORMATION
OTHER INFORMATION

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FIG. 27

